

BURLINGTON RECREATION AND PARKS DEPARTMENT

SUMMER CAMPS PROGRAM

REGISTRATION FORM

YEAR 2006

CIRCLE ONE

FAIRCHILD	FOREST HILLS	MAYCO BIGELOW	OVERBROOK I	OVERBROOK II	EXPLORERS	GROVE PARK
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Registration Fee: _____ Amount Paid _____ Ck. Or Cash _____ Amount Due: _____

CHILD'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

HOME PHONE: _____ DATE OF BIRTH _____

AGE: _____ GENDER: _____ GRADE: _____ SOCIAL SECURITY # _____

T-SHIRT SIZE	Youth Med.	Youth Large	Adult Small	Adult Med.	Adult Large	Adult X-Large
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MOTHER'S NAME: _____

MOTHER'S ADDRESS _____

MOTHER'S EMPLOYER _____

WORK PHONE# _____ HOME PHONE# _____

FATHER'S NAME: _____

FATHER'S ADDRESS _____

FATHER'S EMPLOYER _____

WORK PHONE# _____ HOME PHONE# _____

PLEASE LIST NAMES, ADDRESSES AND PHONE NUMBERS OF PEOPLE WHO MAY PICKUP YOUR CHILD
OTHER THAN THE ABOVE PARENTS/GUARDIANS AND ALSO WHO CAN BE CONTACTED IN CASE OF AN
EMERGENCY.

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER _____ EMERGENCY CONTACT? YES _____ NO _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER _____ EMERGENCY CONTACT? YES _____ NO _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE NUMBER _____ EMERGENCY CONTACT YES _____ NO _____

HEALTH INFORMATION

1. ALLERGIES; PLEASE LIST _____ YES/ NO

2. HEART DISEASE _____ YES/ NO

3. RESPIRATORY PROBLEMS _____ YES/ NO

4. NERVOUS DISORDERS _____ YES/ NO

5. DIABETES _____ YES/ NO

6. HYPERACTIVITY _____ YES/ NO

7. IS YOUR CHILD TAKING ANY MEDICATIONS _____ YES/ NO
IF SO PLEASE LIST BELOW:

OTHER MEDICAL CONCERNS: _____

EMERGENCY PERMISSION FORM

I GIVE PERMISSION TO BURLINGTON RECREATION AND PARKS DEPARTMENT STAFF TO AUTHORIZE
EMERGENCY TREATMENT AND TRANSPORTATION OF MY CHILD TO WHATEVER HOSPITAL AVAILABLE.
CHILD'S NAME _____

DATE _____ PARENT'S SIGNATURE _____
THIS FORM IS TO BE USED BY THE COUNSELOR ONLY IN THE CASE OF AN EMERGENCY AND EVERY EFFORT WILL BE MADE TO
CONTACT THE PARENT.

FIELD TRIPS

I GIVE MY PERMISSION TO BURLINGTON RECREATION AND PARKS DEPARTMENT STAFF TO PROVIDE
TRANSPORTATION FOR ANY FIELD TRIPS THAT MY CHILD WILL BE INVOLVED IN. THE CITY OF
BURLINGTON'S BUSES OR VANS WILL PROVIDE TRANSPORTATION. I GIVE PERMISSION FOR MY
CHILD TO BE TRANSPORTED ON FIELD TRIPS AND FOR EMERGENCY EVACUATION

CHILD'S SWIMMING ABILITY

SHALLOW END 18" - 2FT
GRADUAL 3-4FT
SLIDE AREA 4-5FT
DIVING AREA 6FT

PARENT'S SIGNATURE _____ DATE _____

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EMERGENCY EVACUATION PLAN

IN CASE OF AN EMERGENCY YOUR CHILD WILL BE EVACUATED TO FAIRCHILD COMMUNITY CENTER -
ON GRAHAM-HOPEDALE ROAD. (336) 222-5119 IF FAIRCHILD IS EVACUATED THEY WILL BE TAKEN TO
THATAWAYS (336) 222-5134.